

# TOWN OF SOUTHAMPTON

## Main Office

116 HAMPTON ROAD  
SOUTHAMPTON, NY 11968

**Phone:** (631) 287-5740

**Fax:** (631) 283-5606



## OFFICE OF TOWN CLERK SUNDY A. SCHERMEYER

## Town Clerk Annex

**Phone:** (631) 723-2712

**Fax:** (631) 723-3080

## Website:

[www.southamptontownny.gov](http://www.southamptontownny.gov)

### ***STATEMENT OF DOMESTIC PARTNERSHIP CHAPTER 152, SOUTHAMPTON TOWN CODE      \$20.00 FEE***

We, the undersigned hereby state and acknowledge that we are both 18 years of age or older and that we consider ourselves to be domestic partners. We further state and acknowledge that we share a primary residence in the Town of Southampton.

We further state and acknowledge that the following are true:

- We are not married to another individual
- We are not related by blood
- We are competent to enter into a contract
- We declare to be each other's sole domestic partner
- We contribute to each other's maintenance and support
- If a change in status occurs in the partnership, we agree to file a termination statement
- Affirm that neither of us has filed a statement of termination within the last six months

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
PROOF OF RESIDENCY

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
PROOF OF RESIDENCY

EFFECTIVE DATE OF DOMESTIC PARTNERSHIP \_\_\_\_\_

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

**\*\*\*\*\*THIS DOMESTIC REGISTRY DOES NOT CONFER ON THOSE REGISTERED ANY LEGAL RIGHTS ONE WOULD  
RETAIN IF THEY WERE OBTAINING A MARRIAGE CERTIFICATE.**